MULTILATERAL EVALUATION MECHANISM (MEM)

Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and Recovery Support

Trinidad and Tobago

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS) | 2021
MULTILATERAL EVALUATION MECHANISM (MEM)

TRINIDAD AND TOBAGO


EIGHTH EVALUATION ROUND

2021
PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states’ National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country’s evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG’s work for the thematic assessment for the area of “Measures for Prevention, Treatment, and Recovery Support” was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.
Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.
OBJECTIVE 1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTI SECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY¹, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs.

Trinidad and Tobago has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support, as well as other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse.

<table>
<thead>
<tr>
<th>Area</th>
<th>Policies / Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion</td>
<td>- The Smoking Cessation Service</td>
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<tr>
<td>Prevention</td>
<td>- Substance Use Prevention Working Group Meeting</td>
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<tr>
<td>Early intervention</td>
<td>- Directory of Substance Abuse Service Providers</td>
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<td></td>
<td>- Families In Action</td>
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<td></td>
<td>- Student Support Services of the Ministry of Education</td>
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<tr>
<td>Treatment</td>
<td>- Directory of Substance Abuse Service Providers</td>
</tr>
<tr>
<td>Care</td>
<td></td>
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<tr>
<td>Rehabilitation</td>
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<td>Social integration</td>
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<td>Recovery support</td>
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<tr>
<td>Other initiatives/measures to</td>
<td></td>
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<tr>
<td>minimize adverse public health</td>
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<tr>
<td>and social consequences</td>
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</table>

These programs include gender, age, community, and cultural context approaches.

¹ Community includes ethnicity, among others.
**Priority Action 1.2:** Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate.

Trinidad and Tobago develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment, and rehabilitation services. However, the country does not have these mechanisms for recovery or social reintegration services.

**Priority Action 1.3:** Carry out impact, process, and outcome evaluations of demand reduction programs.

Trinidad and Tobago has monitoring instruments for drug demand reduction programs.

The country has carried out the following evaluation of a drug demand reduction program:

<table>
<thead>
<tr>
<th>Program evaluated</th>
<th>Title of evaluation performed</th>
<th>Type of evaluation performed</th>
<th>Year of program evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Support Services Division (SSSD)</td>
<td>Workshop Evaluation</td>
<td>Process</td>
<td>2020</td>
</tr>
</tbody>
</table>

Trinidad and Tobago has not conducted impact evaluations or any other related and current studies on drug consumption prevention programs.

**Priority Action 1.4:** Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Trinidad and Tobago develops and implements coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders.
**Priority Action 1.5:** Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Trinidad and Tobago does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, or promote nationally recognized standards by member states on drug use preventions or the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.
**Priority Action 2.1:** Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings.

**Priority Action 2.4:** Implement selective prevention programs aimed at at-risk populations, in particular at children, adolescents, youth, and women.

**Priority Action 2.5:** Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders.

Trinidad and Tobago implements the following prevention strategies or programs:

<table>
<thead>
<tr>
<th>Population group</th>
<th>Estimated Coverage</th>
<th>Strategy/Program</th>
<th>Type of program</th>
</tr>
</thead>
<tbody>
<tr>
<td>School children and university students:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pre-school</td>
<td>18,000</td>
<td>Trinity Smart Drug Education Programme</td>
<td>Universal</td>
</tr>
<tr>
<td>• Elementary/primary</td>
<td>135,000</td>
<td>Trinity Smart Programme</td>
<td>Universal</td>
</tr>
<tr>
<td>• Junior high &amp; high school (secondary school)</td>
<td>92,000</td>
<td>Drug Education Training for Guidance Officers</td>
<td>Universal, Selective and Indicated</td>
</tr>
<tr>
<td>Family</td>
<td>100,000</td>
<td>Youth and Substance Use Webinar Series</td>
<td>Universal</td>
</tr>
</tbody>
</table>

Trinidad and Tobago does not develop indicated prevention strategies and/or programs, nor does it implement specific programs for the following population groups: university/tertiary education; boys/girls, youth, and adults in street situations; gender (women and men); LGBTIQ+; community, indigenous people; migrants and refugees; individuals in the workplace; or incarcerated individuals.

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2 At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.
**Priority Action 2.2:** Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Trinidad and Tobago has not carried out or strengthened situational assessments to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs.

**Priority Action 2.3:** Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Trinidad and Tobago does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, that take into consideration the "International Standards on Drug Use Prevention," jointly developed by WHO and UNODC.
**OBJECTIVE 3**

**ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.**

*Priority Action 3.1:* Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Trinidad and Tobago has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network: early intervention (brief intervention, counseling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity), and social integration and services related to recovery support.

The country takes into account gender in its programs/services. In this regard, there are two rehabilitation facilities that cater exclusively for the treatment and rehabilitation of women. Both are located in South Trinidad: The Serenity Place Empowerment Centre and the New Life Ministries Treatment and Rehabilitation Centre for Women.

Trinidad and Tobago’s programs and services do not take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC.

The country does not take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS. Individuals in treatment are tested for HIV/AIDS and other STIs as necessary and are provided with HIV Counselling and Antiretroviral Therapy. Education approaches for persons in treatment reinforce safe and healthy ways to living with HIV to minimize progression to AIDS and transmission of the virus to others.
**Priority Action 3.2:** Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Trinidad and Tobago does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities.

**Priority Action 3.3:** Promote measures to protect the rights of persons in treatment.

Trinidad and Tobago has mechanisms to protect the rights of persons in treatment programs and services. In this regard, client access to treatment is kept confidential from employees and family until clients are ready to disclose; negotiation on behalf of the client is done to secure and regain employment; access to treatment is not denied anyone based on their sexual orientation or HIV status; clients are free to discontinue treatment when they choose, even when against professional advice. The Patients Charter of Rights and Obligations also highlights the rights of clients as they access services.

These mechanisms have protocols to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about treatment and informed consent.

**Priority Action 3.4:** Promote and offer alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

Trinidad and Tobago has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drug, through its drug treatment court.

**Priority Action 3.5:** Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals.

Trinidad and Tobago does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs. The country has been unable to implement programming for incarcerated persons by the Trinidad and Tobago Prisons Service due to COVID-19-related challenges.
**Priority Action 3.6:** Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

Trinidad and Tobago does not implement cooperation mechanisms with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs.

**Priority Action 3.7:** Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

Trinidad and Tobago does not promote regional or international cooperation or share best practices in increasing access to and availability of evidence-based treatment or recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders.

**Priority Action 3.8:** Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Trinidad and Tobago does not promote measures to address the stigma or social marginalization associated with substance use disorders.
**Priority Action 4.1:** Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Trinidad and Tobago implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation, offered by the Ministry of Health and the Substance Use Prevention Group.

The country participates in the following prevention and treatment training programs offered by specialized international organizations:

<table>
<thead>
<tr>
<th>International organizations</th>
<th>Training programs</th>
<th>Name of program</th>
<th>Approaches taken into account</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Society of Substance Use Professionals (ISSUP)</td>
<td>Prevention</td>
<td>Prevention of Drug Use and other Risky Behaviours in Youth: Data-Based Planning for Effective Prevention</td>
<td>Gender, human rights, and public health</td>
</tr>
<tr>
<td>ISSUP</td>
<td>Prevention</td>
<td>School Based Prevention Programs for Adolescents</td>
<td>Public Health</td>
</tr>
<tr>
<td>ISSUP</td>
<td>Prevention</td>
<td>UNODC and WHO - International Standards on Drug Use Prevention</td>
<td>Public Health</td>
</tr>
<tr>
<td>ISSUP</td>
<td>Prevention</td>
<td>COVID-19 and the Treatment of Substance Use Disorders</td>
<td>Public Health</td>
</tr>
<tr>
<td>ISSUP</td>
<td>Prevention</td>
<td>Preventing and Treating Substance use Disorder: A focus on females across the Life Course</td>
<td>Gender</td>
</tr>
<tr>
<td>Pan-American Health Organization (PAHO)</td>
<td>Treatment</td>
<td>Brief Advice Intervention in Tobacco Cessation.</td>
<td>Public Health</td>
</tr>
<tr>
<td>CICAD-OAS</td>
<td>Treatment</td>
<td>Treating Adolescents with Substance Use Disorders</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

**Priority Action 4.2:** Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials).

Trinidad and Tobago certifies personnel that work on prevention, treatment, rehabilitation, and social integration services, as shown in the following table:

<table>
<thead>
<tr>
<th>Services</th>
<th>Level of certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Treatment</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Social integration</td>
<td>Intermediate</td>
</tr>
</tbody>
</table>
**Priority Action 4.3:** Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Trinidad and Tobago does not carry out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs.

**Priority Action 4.4:** Develop specialized programs in response to training needs identified by the situational assessment.

Trinidad and Tobago does not develop specialized programs in response to training needs identified by situational assessments.
**Priority Action 5.1:** Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Trinidad and Tobago does not have regulatory measures for accrediting prevention programs.

The country does not have an accreditation process for care or treatment services.

Trinidad and Tobago does not use CICAD’s Indispensable Criteria or other criteria for the opening and operating of drug use disorders treatment centers.

**Priority Action 5.2:** Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states.

Trinidad and Tobago does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met.

The country does not have supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met.

**Priority Action 5.3:** Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services.

Trinidad and Tobago has not conducted an assessment at a national, regional, or local levels to determine the needs regarding primary care, treatment, or reintegration services.
EVALUATIVE SUMMARY

Objective 1
Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes with satisfaction that the country has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support and that these programs include gender, age, community, and cultural context approaches. CICAD also notes that the country develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, and rehabilitation services. However, the country does not have these mechanisms for recovery or social reintegration services. CICAD notes with satisfaction that Trinidad and Tobago has monitoring instruments, and has carried out a process evaluation for its drug demand reduction programs. Trinidad and Tobago has not conducted impact evaluations on drug consumption prevention programs. CICAD also notes with satisfaction that Trinidad and Tobago develops a nd implements coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders. However, CICAD notes with concern that Trinidad and Tobago does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, or promote nationally recognized standards by member states on drug use preventions or the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.

Objective 2
Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that Trinidad and Tobago carries out drug use prevention programs in various population groups. However, CICAD observes that the said programs do not specifically cover all important population groups. Further, CICAD notes with concern that Trinidad and Tobago did not conduct situational assessments to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs. CICAD also notes with concern that the country does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention, developed jointly by WHO and UNODC."
Objective 3
Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes with satisfaction that Trinidad and Tobago has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network. These programs and services take into account gender. However, CICAD notes with concern that the country does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, nor the use of the "Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users," issued by WHO, UNODC, and UNAIDS. Further, CICAD observes with concern that Trinidad and Tobago does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities. On the other hand, CICAD notes with satisfaction that Trinidad and Tobago has mechanisms to protect the rights of persons in treatment programs and services, as well as protocols to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about treatment and informed consent. In addition, CICAD notes that Trinidad and Tobago has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drug, through its drug treatment court. CICAD also observes that Trinidad and Tobago does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs. CICAD observes with concern that Trinidad and Tobago does not implement cooperation mechanisms with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs. CICAD also notes with concern that that the country does not promote regional or international cooperation or share best practices to increase access and availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Additionally, CICAD views with concern that the country does not promote measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4
Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

CICAD notes with satisfaction that Trinidad and Tobago implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation and also participates in training programs offered by specialized international organizations in the prevention and treatment areas. In addition, CICAD observes that Trinidad and Tobago certifies personnel working in
prevention, treatment, rehabilitation, and social integration services, all at the intermediate level. However, CICAD notes with concern that Trinidad and Tobago does not carry out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs. Further, CICAD notes with concern that the country does not develop specialized programs in response to training needs identified by situational assessments.

**Objective 5**

*Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.*

CICAD notes with concern that Trinidad and Tobago does not have regulatory measures to accredit prevention programs, nor does it have an accreditation process for care or treatment services. Also, CICAD notes that Trinidad and Tobago does not use CICAD’s Indispensable Criteria or other criteria for the opening and operating of drug use disorders treatment centers. CICAD also observes with concern that the country does not have supervisory mechanisms to ensure that prevention programs or public and private treatment services meet the standards of international quality criteria. Further, CICAD notes with concern that the country has not conducted an assessment at the national, regional, or local levels to determine the needs for care, treatment, or reintegration services.